

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000003523

**Entity Name:** EAGLE BENEFITS SERVICES, LLC

**Current Principal Place of Business:**

4467 FOREST BLVD  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

4467 FOREST BLVD  
JACKSONVILLE, FL 32246 US

**FEI Number:** 84-4788466

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NCH REGISTERED AGENT  
390 NORTH ORANGE AVE., STE.2300  
ORLANDO, FL 32801 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** BILL HARVE

02/08/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name KIRNA, CARL OLIVER  
Address 4467 FOREST BLVD  
City-State-Zip: JACKSONVILLE FL 32246

Title MGR  
Name KIRNA, ROBIN  
Address 4467 FOREST BLVD  
City-State-Zip: JACKSONVILLE FL 32246

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KIRNA , CARL OLIVER

MANAGER

02/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date